G-GH-9

Hepatitis after Autologous Bone Marrow Transplantation (BMT) in Chinese: A 8-year Prospective Study

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Hepatitis is an important cause of morbidity and mortality in patients receiving chemotherapy. We assess the incidence and risk factors for severe hepatitis after autologous BMT. **Methods:** We studied 108 consecutive patients (HBsAg+/anti-HBs+/HBV-/anti-HCV+: 16/31/61/1) who underwent autologous BMT at Queen Mary Hospital, between Nov 1990 and Nov 1998. They were followed-up for a median of 26 months (range: 1-115 months). After Nov 1998, 6 consecutive HBsAg+ patients received lamivudine prophylaxis (for at least 6 mon post-BMT) against HBV reactivation. Serial serum samples were collected pre-BMT and post-BMT at 1-4 weekly for the 1st yr and then 2-12 weekly. Severe hepatitis was defined as ALT>2.5x ULN and Bil>50μmol/l and/or prothrombin time>10 sec above control. Hepatitis to be HBV-related if preceded by increase serum HBV DNA (by Digene Capture II assay) >10x pre-exacerbation baseline. Basic core promotor (T_{1762}/A_{1764}) and precore (A_{1896}) HBV variants were determined in HBsAg+ and HBV DNA+ (by PCR) patients by direct sequencing. **Results:** After autologous BMT, hepatitis developed in 25 (23.4%) patients (anicteric/icteric/hepatic failure: 16/5/4). Seven (78%) severe hepatitis were HBV-related while 4 (25%) non-severe hepatitis was HBV related ($p = 0.016$). Eleven (69%) HBsAg+ patients and 14(15%) HBsAg- patients had post-BMT hepatitis ($p < 0.001$). Seven (70%) HBsAg+ patients who had detectable pre-BMT HBV DNA suffered from severe hepatitis and none with undetectable pre-BMT HBV DNA had severe hepatitis ($p=0.01$). Five (100%) HBsAg+ patients with BCP and/or precore variants had post-BMT severe hepatitis and 2 (19%) without BCP and/or precore variants had severe hepatitis ($p=0.005$). Of the 6 HBsAg+ patients treated with lamivudine prophylaxis, none suffered from HBV-related hepatitis and this is significantly lower than untreated HBsAg+ patients (10/16, $p=0.012$). **Conclusions:** High pre-BMT HBV viral load and the presence of precore and/or BCP variants are associated with more severe hepatitis after autologous BMT. Our preliminary data support the use of lamivudine prophylaxis for HBsAg+ patients undergoing autologous BMT.

G-GH-10

H. pylori Eradication Vs *H. pylori* Eradication Combined with Proton Pump Inhibitor in Prevention of Aspirin Induced Peptic Ulcer Complications

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Background: Eradication of *H. pylori* reduced the risk of NSAIDs-related peptic ulcers in patients newly started on NSAIDs and reduced the recurrence of *H. pylori* related peptic ulcer bleeding. The role of *H. pylori* eradication with or without proton pump inhibitors in the prevention of peptic ulcers induced by low-dose aspirin is unknown.

Patients and Methods: 65 patients with aspirin-induced upper gastrointestinal complications (including gastrointestinal bleeding) and positive for *H. pylori* were recruited. After a 1-week course of eradication therapy for *H. pylori* and ulcer healing confirmed, they were restarted on aspirin 100 mg daily and randomised to receive either lansoprazole 30 mg daily or no treatment. They were then followed up regularly for the relapse of gastrointestinal complications up to 1 year.

Results:

	PPI Gp	No Rx Gp
Number, n	33	32
Age, mean	72.1	68.3
Women, %	24.2	34.4
IHD/CVA, n	18/15	19/13
Tobacco, %	15.2	21.8
Alcohol, %	12.1	9.4
DU/GU/Both, %	9/22/2	12/18/2

*$p=0.053$ **$p=0.049$

	PPI Gp	No Rx Gp
Ulcer complication, %		
ITT analysis	0	*12.1(3GU/1DU)
PP analysis	0	**13.8
Symptomatic ulcer	0	0
Mortality	0	0

Conclusions: There is a trend in favoring the combination of *H. pylori* eradication and proton pump inhibitors in preventing relapse of ulcer complications as compared with *H. pylori* eradication alone. Acid suppression should still be considered in high-risk patients who required aspirin prophylaxis despite initial treatment of *H. pylori*.